

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS
FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26714

State File No.

6506

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
in this community.....
years, months or days) 0

3. (a) PRINT FULL NAME Leota Collins

3. (b) If veteran, name war..... 3. (c) Social Security No. none

4. Sex Female 5. Color or race negro 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife James Collins 6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased June 16, 1905
(Month) (Day) (Year)

8. AGE: Years 36 Months 1 Days 17 If less than one day
hr. min.

9. Birthplace Unk. Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business.....
12. Name Wilcox James
13. Birthplace Unk. Alabama
(City, town, or county) (State or foreign country)
14. Maiden name Annie
15. Birthplace Unk. Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant James Collins
(b) Address 3301 La Salle

17. (a) Burial (b) Date thereof Aug 9, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood
English Ind. Co

18. (a) Signature of funeral director 2931 Lucas Ave
(b) Address

19. (a) AUG 9 1941 (b) J. A. Fredrick
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3301 La Salle
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION
No attending physician

20. DATE OF DEATH: Month August day 2nd
year 1941 hour 1 minute 25 P M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Abscess of lung cause indetermined

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Thomas Callahan (M.D. or other) 2
Address Deputy Coroner Date signed 9/9/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Glenn E. Emerson*

Licensed Embalmer No. *4141*

P. O. Address *St. Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.